

# Livingston County Grant Opportunity Form

Department Applying: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Department Contact Info: \_\_\_\_\_

Employee preparing application: \_\_\_\_\_ Employee who will manage program (if different): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Grant Applying for: \_\_\_\_\_

Awarding Agency Name: \_\_\_\_\_

Please check appropriate line:

Federal \_\_\_\_\_

State: \_\_\_\_\_

Other: \_\_\_\_\_

Federal Assistance Listing Number: \_\_\_\_\_

New Grant: \_\_\_\_\_ Recurring Grant: \_\_\_\_\_  
Check One First Year Received

Short Description of the scope of the grant

Start Date of Grant: \_\_\_\_\_ End Date of Grant: \_\_\_\_\_

Full Amount applying for:

Annual (Year 1

Total) \$ \_\_\_\_\_

Multi-Year Total \$ \_\_\_\_\_ *(All years combined)*

Match Requirements (if applicable)

\_\_\_\_\_ Cash Match Requirement \$ \_\_\_\_\_

\_\_\_\_\_ In-Kind Match Requirement \$ \_\_\_\_\_

This grant is intended to fund the following (check all that apply)

\_\_\_\_\_ Personnel \$ \_\_\_\_\_

\_\_\_\_\_ Equipment \$ \_\_\_\_\_

\_\_\_\_\_ Supplies \$ \_\_\_\_\_

\_\_\_\_\_ Contractual Services \$ \_\_\_\_\_

\_\_\_\_\_ Capital Building/Equipment \$ \_\_\_\_\_

\_\_\_\_\_ Other (please note below) \$ \_\_\_\_\_

Signature of Applicant Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_